

MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT

Business Name Trailside Tavern		Business Address 977 Plank Road		County Winnebago	ID # 02-37127
Legal Licensee Trailside Tavern		Mailing Address (Licensee) 2340 Stroebe Is Trail, Appl		Telephone # (920) 740-1703	
Date of inspection 2/12/13	Bare Hand Contact Plan in Place <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Establishment <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> School		Is operator Certified <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> pending <input type="checkbox"/> N/A	
Inspection Type <input type="checkbox"/> pre-inspection <input checked="" type="checkbox"/> routine inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Non inspection visit		Action Taken <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional Permit 30 days <input type="checkbox"/> Withhold Permit <input type="checkbox"/> License suspended <input type="checkbox"/> License revoked <input type="checkbox"/> Other			
Person in Charge Cody Cottrell		CFM # and expiration CFM # ???? expiration date ???? 			
FOODBORNE ILLNESS RISK FACTORS					
Circle designated compliance status for each item IN -in compliance OUT – out of compliance N/O – not observed N/A – not applicable			Mark an X in appropriate box for COS and/or R COS – corrected on site during inspection R - repeat violation		

COMPLIANCE STATUS			COS	R	COMPLIANCE STATUS			COS	R
DEMONSTRATION OF KNOWLEDGE					POTENTIALLY HAZARDOUS FOOD TEMPERATURE				
1A	OUT	Certified food manager, duties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	NO	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
1B	IN	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	17	NO	Proper re-heating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE HEALTH					CONSUMER ADVISORY				
2	IN	Management awareness, policy present	<input type="checkbox"/>	<input type="checkbox"/>	18	NO	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	19	NO	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
GOOD HYGENIC PRATICES					HIGHLY SUSEPTABLE POPULATIONS				
4	IN	Proper eating, tasting, drinking	<input type="checkbox"/>	<input type="checkbox"/>	20	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	21	OUT	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTING CONTAMINATION FROM HANDS					CHEMICAL				
6	IN	Hands cleaned and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	22	NA	Time as a public health control; procedures and record	<input type="checkbox"/>	<input type="checkbox"/>
7	IN	No bare hand contact or using approved plan	<input type="checkbox"/>	<input type="checkbox"/>	23	NA	Consumer advisory supplied	<input type="checkbox"/>	<input type="checkbox"/>
8	OUT	Adequate hand washing facilities supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONFORMANCE WITH APPROVED PROCEDURES				
APPROVED SOURCE					24	NA	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
9	OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factors: are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.				
10	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	25	NA	Food additives approved and properly use	<input type="checkbox"/>	<input type="checkbox"/>
11	IN	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	26	IN	Toxic substances properly identified, stored, used	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	NA	Records available, shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	Risk factor violations should be corrected on site during the inspection unless there is some reason that correction cannot be immediately made.				
PROTECTION FROM CONTAMINATION					27	NA	Compliance with variance, specialized process, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
13	IN	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>					
14	IN	Food contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
15	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>					

GOOD RETAIL PRACTICES									
Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. Mark an X in box if item is not in compliance. Mark an X in appropriate box for COS/R. COS – corrected on site during inspection R - repeat violation									
SAFE FOOD AND WATER			COS	R	PROPER USE OF UTENSILS				
28	IN	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	41	IN	In use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>
29	IN	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	42	IN	Utensils equipment and linen properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
30	IN	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	43	IN	Single-use and Single service articles properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
FOOD TEMPERATURE CONTROL					UTENSILS AND EQUIPMENT				
31	IN	Proper cooling methods used; adequate equip. for temperature control.	<input type="checkbox"/>	<input type="checkbox"/>	44	NO	Gloves properly used	<input type="checkbox"/>	<input type="checkbox"/>
32	NO	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	45	IN	Food and nonfood contact surfaces; cleanable, properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
33	NO	Approved thawing methods used.	<input type="checkbox"/>	<input type="checkbox"/>	46	IN	Warewash facilities; installed, maintained, and used	<input type="checkbox"/>	<input type="checkbox"/>
34	IN	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	47	IN	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
FOOD PROTECTION					PHYSICAL FACILITIES				
35	IN	Food properly labeled original container	<input type="checkbox"/>	<input type="checkbox"/>	48	IN	Hot and cold water available, under pressure	<input type="checkbox"/>	<input type="checkbox"/>
36	IN	Pests and animals not present, no unauthorized persons	<input type="checkbox"/>	<input type="checkbox"/>	49	IN	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
37	OUT	Contamination prevented during food preparation storage and display	<input type="checkbox"/>	<input type="checkbox"/>	50	IN	Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
38	IN	Personal cleanliness, jewelry	<input type="checkbox"/>	<input type="checkbox"/>	51	IN	Toilet facilities, properly constructed, supplied and clean	<input type="checkbox"/>	<input type="checkbox"/>
39	IN	Wiping cloths; properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	52	IN	Garbage and refuse, properly disposed facilities and maintained	<input type="checkbox"/>	<input type="checkbox"/>
40	IN	Plant food cooking for hot hold Washing all fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53	IN	Physical facilities installed maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	54	IN	Adequate ventilation and lighting, designed and used.	<input type="checkbox"/>	<input type="checkbox"/>

Menu Review:
Review Conducted
☒ yes
☐ no
- New menu items
☐ Yes
☒ No
New items

New processes:
Does new process require variance
☐yes
☐ no
What interim step was taken pending variance

Addition to Consumer Advisory
☐ yes
☐ no
New menu item which requires consumer advisory

Concerns / Corrections Suggested:

TEMPERATURES – Refrigeration/hot hold/cook					
Item / Location	Temp	Item / Location	Temp	Item / Location	Temp
prep cooler	40°F	walk in cooler	38°F	--	°
--	°F	--	F °	--	F °
Cook --	°F	Cook --	F °	Cook --	F °
WAREWASHING INFORMATION					
Machine Name	Sanitization Method	Thermo Label confirmed	PPM/ temp	Sanitizer Name / Approved Y/N	Sanitizer Type
4 compartment	manual sanitize	<input type="checkbox"/> yes <input type="checkbox"/> No	--ppm / °F rinse	Beer Klean <input type="checkbox"/> Yes <input type="checkbox"/> No	chlorine

CDC Risk Code Factor Abbreviations and Violation by Category Numbers Table

(Use this table to group CDC risk factor listed below with violation from page 1)

Unsafe Sources (US)	Inadequate Cooking (IC)	Improper Hold (IH)	Cross Contamination (CC)	Personal Hygiene (PH)	Other CDC Factors (O)
9	16	18	13	3	1A
10	17	19	14	4	1B
11		20	15	5	2
12		21		6	23
		22		7	24
				8	25
					26

For each violation sited, use above table and record CDC Risk Code Factor abbreviation (such as “US” or “IH”), violation number, list from the Wisconsin Food Code (WFC) the reference number that refers to the area in violation.

Record CDC risk code abbreviation, violation # from 1st page, violation description, Food Code reference, corrective action, and score.

CDC Code	Violation number	Description of violation, WFC Reference Number including code reference text / Corrective Action Required – Note date(s) of repeat violations on previous inspections.	Compliance Date/ Corrected on site (COS)
O	1A	<p>Last identified certified food manager was Code Cantrell. A copy of the State Food Manager License must be available on site. ID# and expiration date were requested during the last inspection. .</p> <p>WISCONSIN FOOD CODE REFERENCE 12-201.11 General.</p> <p>(A) The operator or at least one manager of a FOOD ESTABLISHMENT shall have a certificate issued by the DEPARTMENT that states that the operator or manager has passed a DEPARTMENT approved examination on FOOD protection practices. However:</p> <p>(1) A new FOOD ESTABLISHMENT or a FOOD ESTABLISHMENT under going a change of operator after February 1, 2001 shall have a certified FOOD manager within 90 days of the initial day of operation or provide documentation that they are scheduled within three (3) months to take and pass an approved examination as specified in 12-301.11.</p> <p>(2) FOOD ESTABLISHMENTS which are not in compliance because of</p>	immediate Repeat

		<p>employee turnover or other loss of a certified manager, shall have 90 days from the date of the loss of a certified manager to comply with this chapter, or provide documentation that the person designated to be the certified FOOD manager will become certified within the time specified in this subparagraph.</p> <p>(B) If more than one FOOD ESTABLISHMENT operated by the same person is located on the same property or contiguous properties, only the operator or one manager is required to be certified.</p> <p>(C) A FOOD ESTABLISHMENT shall post a certificate issued by the DEPARTMENT under this section in a conspicuous place on the premises of the FOOD ESTABLISHMENT.</p> <p>(D) The operator of a FOOD ESTABLISHMENT shall promptly notify the DEPARTMENT when the CERTIFIED MANAGER terminates employment with the FOOD ESTABLISHMENT and shall supply the DEPARTMENT with the name and state certificate number of the new certified manager.</p> <p>CORRECTIVE ACTION Confirm Cody Cantrell is the Certified Food Manager at this location. A current copy of State license must be posted at this location. A copy of the work schedule or other documentation must be provided to confirm Mr. Cantrell is in charge of food preparation / food safety at this location.</p>	
PH	8	<p>A hand wash sink must be designated. 4th compartment at the bar may be used, it is required that a hand wash sign be posted at this sink, disposable towels and hand soap must all be provided at this sink. Hand wash signage was not posted in either of the rest rooms used by employees. Hand sanitizer dispenser was noted mounted to the wall behind the prep cooler. .</p> <p>WISCONSIN FOOD CODE REFERENCE 5-203.11 Handsink.C</p> <p>(A) Except as specified in ¶¶ (B) and (C) of this section, at least 1 handsink, a number of handsinks necessary for their convenient use by FOOD EMPLOYEES in areas specified under '§ 5-204.11, and not fewer than the number of handsinks required by LAW shall be provided.</p> <p>(B) If APPROVED and capable of removing the types of soils encountered in the FOOD operations involved, automatic handwashing facilities may be substituted for handsinks in a FOOD ESTABLISHMENT that has at least one handsink.</p> <p>6-301.12 Hand Drying Provision.</p> <p>Each handsink or group of adjacent handsinks shall be provided with:</p> <p>(A) Individual, disposable towels; or</p> <p>(B) A continuous towel system that supplies the user with a clean towel;</p> <p>6-301.14 Handwashing Signage.</p> <p>A sign or poster that notifies FOOD EMPLOYEES to wash their hands shall be provided at all handsinks used by FOOD EMPLOYEES and shall be clearly visible to FOOD EMPLOYEES.</p>	immediate Repeat

		<p>2-301.16 Hand Sanitizers.</p> <p>(A) A hand sanitizer and a chemical hand sanitizing solution used as a hand dip shall:</p> <p>(3) Be applied only to hands that are cleaned as specified under § 2-301.12. (hands that have been properly washed)</p> <p>CORRECTIVE ACTION Hand sink must be designated with signage, soap and towels. Hand sanitizer may only be used following proper hand wash and may not be used in place of hand washing.</p> <p>Post supplied employee handwash signs in both restrooms and at the hand sink.</p>	
US	9	<p>Pickled mushrooms were noted in the kitchen cooler, which were identified as used for bloody marys. Employee stated that the mushrooms were home made - no documentation was available. Unapproved source, also type of mushrooms is unknown as product was in a reused glass container. .</p> <p>WISCONSIN FOOD CODE REFERENCE 3-201.11 Compliance with Food Law.C</p> <p>(A) FOOD shall be obtained from sources that comply with all LAWS relating to FOOD and FOOD labeling.</p> <p>(B) FOOD PREPARED in a private home may not be used or offered for human consumption in a FOOD ESTABLISHMENT.</p> <p>Source of the mushrooms must also be maintained.</p> <p>CORRECTIVE ACTION Home made mushrooms may not be offered for consumption in a licensed food establishment. Jar was placarded. Intentional continued use of homemade food would be a violation to state law. Jar of mushrooms must be removed from the food establishment, failure to comply shall result in the immediate ordered disposal of the food as adulterated.</p> <p>All foods offered for consumption must be prepared in a licensed kitchen.</p>	COS Previously identified
IH	21	<p>Ready to eat potentially hazardous food items in refrigeration were noted without date marking. Pepperoni, sausage, soft cheese from opened commercial packages noted without dates. .</p> <p>WISCONSIN FOOD CODE REFERENCE 3-501.17 Ready-to-Eat, Potentially Hazardous Food, Date Marking.C</p> <p>(A) Except as specified in ¶¶ (D), (E) and (G) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD PREPARED and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold or discarded, based on the temperature and time combination of 5oC (41oF) or less for a maximum of 7 days. The day of PREPARATION shall be counted as Day 1.</p>	Repeat --

	<p>Note: Any system for internal marking or use to identify when a product should be disposed of is satisfactory.</p> <p>(B) Except as specified in ¶¶ (D), (E), (G) and (H) of this section, refrigerated, READY-TO-EAT, POTENTIALLY HAZARDOUS FOOD PREPARED and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked at the time the original container is opened in a FOOD ESTABLISHMENT and, if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold or discarded, based on the temperature and time combinations specified in ¶ (A); and</p> <p>(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and</p> <p>CORRECTIVE ACTION All ready to eat potentially hazardous foods from opened commercial containers must be date marked per (B) above. Product should not be added to in use containers. Recommend smaller thawed quantities if product cannot be used within 7 days. Product not dated may be disposed of per</p> <p>3-501.18 Ready-to-Eat, Potentially Hazardous Food, Disposition.C</p> <p>(A) A FOOD specified under ¶ 3-501.17(A) or (B) shall be discarded if it:</p> <p>(1) Exceeds either of the temperature and time combinations specified in 3-501.17(A), except time that the product is frozen;</p> <p>(2) Is in a container or package that does not bear a date or day; or</p> <p>this is a repeat violation, continued violation shall result in undated product being disposed of per above cited section.</p>	
-	<p>WISCONSIN FOOD CODE REFERENCE</p> <p>CORRECTIVE ACTION</p>	--

Use this section for Good Retail Practice (GRP) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
37	<p>Prep cooler cutting board was noted with personal items, money box and other non-food prep items.</p> <p>WISCONSIN FOOD CODE REFERENCE 4-702.11 Before Use After Cleaning.C</p> <p>UTENSILS and FOOD-CONTACT SURFACES of EQUIPMENT shall be SANITIZED before use after cleaning.</p> <p>CORRECTIVE ACTION Food contact surfaces should not be used for purposes other than food prep. Reinforce with all food staff that food contact surfaces including cutting boards should be cleaned/sanitized immediately prior to use if not protected.</p>	

	WISCONSIN FOOD CODE REFERENCE	
	CORRECTIVE ACTION	

Long term controls in place

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Critical Violations which require greater than one re-inspection and/or repeated CDC Risk Factors violation(s) which are cited on 3 consecutive inspections shall result in the issuance of a re-inspection fee. Re-inspection fees are set based on the complexity of the establishment as follows:

- **Complex restaurants \$250.00**
- **Moderate restaurants \$200.00**
- **Simple restaurants \$150.00**
- **Retail >1 M \$300.00**
- **Retail 25K-1M \$250.00**
- **Retail remaining \$200.00**

Violations must be corrected by the compliance date, unless some arrangement has been made with Menasha Health Department. Re-inspection fees will be assessed to all CDC Risk Factor violations requiring more than (1) re-inspection or if the same CDC Risk Factor violation is cited on 3 consecutive inspections. Re-inspection fees will be billed to the owner of the establishment. Failure to pay re-inspection fee shall result in the following potential legal actions:

- **Temporary revocation of license**
- **License will not be renewed pending payment**
- **Enforcement conference with licensee or licensee representative which would require signed compliance agreement.**

Operators who wish to challenge the assessment of a re-inspection fee shall submit in writing circumstances and reason that they feel the re-inspection fee should not have been assessed. This statement must be submitted to the Public Health Director. The issue will then be addressed by the City of Menasha Board of Health. Any violations and /or enforcement shall be complied with pending appeal.

The City of Menasha posts all Health Department Inspection reports on the City of Menasha Web-Site.

Inspection Narrative and information on non-violation observations and/or suggestions:

Repeat Risk Factor Violations may be subject to reinspection fees if they remain out of control.

I understand and agree to comply with the corrections ordered in this report. I understand the failure to comply could result in legal action including loss of license.

PIC signature or authorized employee	Date	Sanitarian Signature Todd Drew, R.S.	Date

Food Safety Fact Sheets Attached:

<input type="checkbox"/> Employee Health	<input type="checkbox"/> Employee Reporting Agreement	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Bare hand contact
<input type="checkbox"/> Responsibilities of the PIC	<input type="checkbox"/> Disposable glove use	<input type="checkbox"/> Cross – Contamination	<input type="checkbox"/> Demonstration of Knowledge
<input type="checkbox"/> Cooling Procedures	<input type="checkbox"/> Thawing Procedures	<input type="checkbox"/> Active Managerial Control	<input type="checkbox"/> Certified Food Manager
<input type="checkbox"/> Consumer Advisory	<input type="checkbox"/> HACCP	<input type="checkbox"/> HACCP Hazard Analysis	<input type="checkbox"/> Serving Safe Food
<input type="checkbox"/> Pre-Inspection	<input type="checkbox"/> Time as a Health Control	<input type="checkbox"/> Allergens	<input type="checkbox"/> Thermometer Calibration
<input type="checkbox"/> Catering	<input type="checkbox"/> Cooking Temperatures	<input type="checkbox"/> Microwave Cooking	<input type="checkbox"/> Interpreting the Inspection Report

<input type="checkbox"/> Variance / HACCP	<input type="checkbox"/> Frozen Foods	<input type="checkbox"/> Receiving	<input type="checkbox"/> Chemical / Physical Contamination
<input type="checkbox"/> Common Foodborne Illnesses	<input type="checkbox"/> Outdoor Events	<input type="checkbox"/> Serving Safe Food	<input type="checkbox"/> Effective Sanitizing
<input type="checkbox"/> Organizing Coolers	<input type="checkbox"/> Date Marking		